

CLAIMS ONLY

SERIAL NO.

10005603

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3		/				
4		/				
5		/				
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45		/				
46	/					
47		/				
48		/				
49	/	/				
50	/	/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
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90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	9					
TOTAL DEP.	63					
TOTAL CLAIMS	72					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. 10 005 603 FILING DATE 1
 APPLICANT(S)

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
01											
02							51				
03							52				
04							53				
05							54				
06							55				
07							56				
08							57				
09							58				
10							59				
11							60				
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14							63				
15							64				
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40							89				
41							90				
42							91				
43							92				
44							93				
45							94				
46							95				
47							96				
48							97				
49							98				
50							99				
							100				
TOTAL IND.					8		TOTAL IND.				
TOTAL DEP.					41		TOTAL DEP.				
TOTAL CLAIMS					49		TOTAL CLAIMS				